

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90118 021 ****61.25

DOCUMENT # 711635

1. Entity Name

GFWC SOUTHSIDE WOMAN'S CLUB OF JACKSONVILLE, INC

Principal Place of Business

**2560 CLUB TERRACE
 JACKSONVILLE FL 32207**

Mailing Address

**2560 CLUB TERRACE
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0817788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MINTON, MARSHA M
 2521 BREMEN CT
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

PAULINE G. FOURAKER, PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)

2560 CLUB TERRACE

City

JACKSONVILLE

FL

Zip Code

32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Pauline G. Fouraker

PAULINE G. FOURAKER, PRESIDENT

7/12/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **3VPD** ☒ Delete
 NAME **JORDAN, MYRTLE**
 STREET ADDRESS **2623 LYNNHAVEN TERR**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **4VPD** ☒ Delete
 NAME **SIDBURY, RUTH**
 STREET ADDRESS **2420 TEBASSA RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **2VPD** ☒ Delete
 NAME **VEES, ELLIE**
 STREET ADDRESS **159 HAMMOCK WY**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **T** ☒ Delete
 NAME **PETRILLI, VERA**
 STREET ADDRESS **1110 NIGHTINGALE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **4VPD** ☒ Delete
 NAME **MAVIS, DON**
 STREET ADDRESS **5352 GOLF COURSE**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **2VPD** ☒ Delete
 NAME **STARLING, ERDA**
 STREET ADDRESS **3354 EXCALIBUR WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **3VPD** ☒ Change ☐ Addition
 NAME **STARLING, ERDA**
 STREET ADDRESS **3354 EXCALIBUR WAY**
 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **4VPD** ☒ Change ☐ Addition
 NAME **VEES, ELLIE**
 STREET ADDRESS **159 SEA HAMMOCK WAY**
 CITY-ST-ZIP **PONTEVEDRA, FL 32082**

TITLE **2VPD** ☒ Change ☐ Addition
 NAME **LUCHTMAN, DELORES**
 STREET ADDRESS **10910 DOVER COVE LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **1VPD** ☒ Change ☐ Addition
 NAME **SIDBURY, RUTH**
 STREET ADDRESS **2420 TEBASSA ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **PAULINE G. FOURAKER**
 STREET ADDRESS **2762 Sunnybrook Rd.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **VERA PETRILLI**
 STREET ADDRESS **1110 NIGHTINGALE ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Pauline G. Fouraker **PAULINE G. FOURAKER, PRESIDENT**

7/12/01

CR2E037 (5/01)